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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/669,783	09/23/2003	Hugh Walsh	MP0343	6403
50290 MCGUIREWO		04/09/2008 EXAMINER		
1750 TYSONS	BOULEVARD		JUNTIMA, NITTAYA	
SUITE 1800 MCLEAN, VA 22102			ART UNIT	PAPER NUMBER
ŕ			2616	
			MAIL DATE	DELIVERY MODE
			04/09/2008	PAPER

## Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.

Interview Summary	10/669,783 WALSH, HUGH		
merview dummary	Examiner	Art Unit	
	NITTAYA JUNTIMA	2616	
All participants (applicant, applicant's representative, PTC	personnel):		
(1) <u>NITTAYA JUNTIMA</u> .	(3)		
(2) Applicant's representative: John S. Hilten.	(4)		
Date of Interview: 31 March 2008.			
Type: a)☐ Telephonic b)☐ Video Conference c)☒ Personal [copy given to: 1)☐ applicant	2)⊠ applicant's representative	e]	
Exhibit shown or demonstration conducted: d) Yes If Yes, brief description:	e)∐ No.		
Claim(s) discussed: <u>1</u> .			
Identification of prior art discussed:			
Agreement with respect to the claims f)☐ was reached.	g)∏ was not reached. h)∏ N	N/A.	
Substance of Interview including description of the general reached, or any other comments: <u>Agreement on 112 1<sup>st</sup> page</u>			
(A fuller description, if necessary, and a copy of the amen allowable, if available, must be attached. Also, where no allowable is available, a summary thereof must be attached	copy of the amendments that v		
THE FORMAL WRITTEN REPLY TO THE LAST OFFICE. INTERVIEW. (See MPEP Section 713.04). If a reply to th GIVEN A NON-EXTENDABLE PERIOD OF THE LONGEF INTERVIEW DATE, OR THE MAILING DATE OF THIS INTERVIEW DATE, OF THE SUBSTANCE OF THE INTERVIEW OF THE SUBSTANCE OF THE	e last Office action has already R OF ONE MONTH OR THIRT TERVIEW SUMMARY FORM,	v been filed, APP Y DAYS FROM T WHICHEVER IS	LICANT IS THIS LATER, TO
	/Nittaya Juntima/		
Examiner Note: You must sign this form unless it is an	Examiner's signature, if requi	rea	

Application No.

Applicant(s)